

**119TH MEETING OF THE NATIONAL CANCER ADVISORY BOARD (NCAB)
MEETING OF THE SUBCOMMITTEE ON CANCER CENTERS**

**September 10, 2001
7:00 p.m. – 8:30 p.m.**

Subcommittee Members:

Dr. Nienhuis, Chairperson
Dr. Sharp, Chairperson, NCAB
Dr. Freedman

Public:

Ms. Goldber, Cancer Letter
Ms. Beckham, NOVA
Ms. Stewart, AACI
Ms. Rieger, ONS

NCI Staff:

Dr. Kimes, Executive Secretary
Dr. Kalt, Director, DEA
Dr. Rabson, Deputy Director, NCI
Dr. Maslow
Dr. Bartlett
Dr. McCormick
Dr. Vembu
Ms. Linder
Ms. Klaus-Kovtun
Dr. Petryshyn
Dr. Bryant
Dr. Bronzert

The meeting formally convened at 7:15 p.m. and ended at 8:30 p.m.

Welcome/Opening Remarks—Dr. Arthur Nienhuis/Dr. Brian Kimes

Dr. Arthur Nienhuis chaired the meeting of the Subcommittee on Cancer Centers with Dr. Brian Kimes serving as Executive Secretary. Dr. Nienhuis welcomed Subcommittee members and attendees and briefly reviewed the agenda, which contained two items: discussion of the changes in the Cancer Center Support Grant (CCSG) Guidelines and New Submission Budget Cap for CCSG applications.

Changes in Cancer Center Support Grant Guidelines

Dr. Kimes reminded members that the Subcommittee has a policy of reviewing support grant guidelines on a regular basis. He noted that broad changes to the guidelines had been made a year and a half ago, and the current guidelines seemed to be working well.

Refining the definition of Prevention, Control and Population Research in Part I, Section 7.3

The Subcommittee was presented with proposed changes to the guidelines that would clarify the definition of prevention/control/population research, disciplines required for cancer centers seeking the NCI designation of “comprehensive.” Under existing guidelines, it was possible to interpret that some basic research alone could be interpreted as satisfying the comprehensive requirement, but NCI’s intent was to note the importance of basic research in population studies, requiring that comprehensive cancer centers offer interventions in the areas of prevention/control/population sciences.

The most significant proposed changes were as follows:

- Include human biomarkers studies among the range of possible investigations on cancer prevention, control, and population research;
- Call for centers to demonstrate their understanding of the applications of both basic laboratory and clinical research to human populations;
- Emphasize that cancer prevention, control, and population research is inherently interdisciplinary;
- Encourage centers to use population research as the platform on which to reach out to diverse communities, with the ultimate goal of reducing the cancer burden.

New Section – Part II 6.2 Retaining the Comprehensive Designation

Dr. Arthur Nienhuis proposed an additional amendment to the guidelines in the section entitled “Retaining the Comprehensive Designation.” This section prohibits cancer centers that have not met the standards for the “comprehensive” designation from using such designation beyond the peer-approved period of the renewal application. Dr. Nienhuis proposed changing the first sentence as follows: ..., center may retain the *NCI* comprehensive designation for as long..... Since many centers call themselves comprehensive, this will make it clear that only the *NCI* definition of comprehensive is being considered. The Subcommittee unanimously approved the new wording.

A second set of changes related to making CCSG guidelines more “user-friendly” for small cancer centers. Members emphasized that while most *NCI*-designated cancer centers far exceed the minimum research base of \$3M, *NCI* plans to retain that minimum to attract and retain smaller institutions and increase the diversity among cancer centers. Dr. Kimes pointed out that small *NCI*-designated cancer centers can function well and that many centers today were once small centers by today’s standards. The Subcommittee voted unanimously to accept these changes to the Cancer Center Support Grant Guidelines.

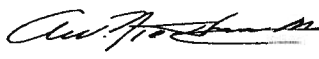
New Submission Budget Cap

NCI’s budget for Fiscal Year 2002 is expected to experience slower growth than in past years. Dr. Kimes reviewed with Subcommittee members a notice concerning measures to contain the *NCI* budget while providing maximum opportunities for investigators. For competing renewal CCSGs, applicants are being asked to limit their requests for budget increases to an amount that results in a ratio of 0.2 or less. This ratio is calculated by dividing the budget request by the amount of the *NCI* funded base of cancer centers for the last full fiscal year. If an applicant’s increase results in a ratio equal to or larger than 0.2, then that applicant is limited to a 3 percent cost of living increase.


Originally, *NCI* contemplated applying a 25 percent cap on submissions, a method of budget containment measure that is being applied to other types of grants. However, Dr. Kimes pointed out that cancer centers’ growth in research grants has exceeded 25 percent in the past few years, and by applying the ratio of budget request to funded base, a CCSG budget would continue to grow in a manner appropriate to supporting the research infrastructure. This cap is to be applied for future fiscal years until further notice.

Discussion centered around disparate effects of such a budget constraint on small freestanding centers versus large academic centers and the lack of flexibility in the formula. Dr. Kimes reported that feedback from center directors on a 25 percent submission cap was overwhelmingly negative, but feedback on the use of the 0.2 ratio was not. Rapidly growing centers might find that a 25 percent cap was not sufficient to support the necessary infrastructure, but the application of a ratio would allow for the needed growth. Dr. Kimes explained that this method of budget control was developed during times of large Federal budget deficits, and extensive economic modeling was done at the time that demonstrated that it permitted adequate growth of the program while minimizing budget growth. Moreover, peer reviewers have been using the 0.2 ratio as a guide for about the past 5 years. The new rules would impose this ratio as mandatory. Members contended that the 3 percent cost-of-living increase for centers that already exceeded the 0.2 ratio was too rigid, and it served as a disincentive to new science. The Subcommittee decided to make the following **recommendation** to the full NCAB and to Dr. Klausner:

Use the ratio cap for all cancer centers whose requests for budget increases are under the 0.2 ratio and allow a 20 percent submission cap for all centers whose funding requests are over the 0.2 ratio. Under the latter circumstance, peer reviewers will still be asked to use the 0.2 ratio as a guide in judging whether the applicant deserves an increase.



Arthur Nienhuis, M.D. 9/20/01
Chair Date



Brian W. Kimes, Ph.D. 9/20/01
Executive Secretary Date